



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
INFORMATION TECHNOLOGY
USER MANAGER (UM) – SECURITY ADMINISTRATOR USER ID

School District Name:

County-District Code:

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Email Address:

Directions

Fill in the full name, birth date and mother's maiden name for the two staff members designated as your school district's security administrators for DESE's online data applications. The Secretary of the Board Signature Authority is kept on file in compliance with regulations for the submission of the Annual Secretary of the Board (ASBR) report. One of the assigned staff members **must** be the superintendent. Note: The birth date and mother's maiden name are needed to verify the identity of these individuals in the event that they need to call the DESE security administrator to request USER ID or password information.

FAX TO: 573-526-4125 Or MAIL TO: Information Technology, ATTN: Security Administrator, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102

QUESTIONS: email webreplyafsit@dese.mo.gov

User Manager Representatives

UM Security Administrator I (Superintendent) (on file with DESE)

First Name	Middle Name	Last Name	Birth Date	Mother's Maiden Name
			____ ____ ____ mm dd yyyy	

☐ (check here if this is an update) The following individual is replacing the UM Security Administrator I

First Name	Middle Name	Last Name	Birth Date	Mother's Maiden Name
			____ ____ ____ mm dd yyyy	

UM Security Administrator II (on file with DESE)

First Name	Middle Name	Last Name	Birth Date	Mother's Maiden Name
			____ ____ ____ mm dd yyyy	

☐ (check here if this is an update) The following individual is replacing the UM Security Administrator II

First Name	Middle Name	Last Name	Birth Date	Mother's Maiden Name
			____ ____ ____ mm dd yyyy	

Secretary of the Board Signature Authority (on file with DESE)

First Name	Middle Name	Last Name	Signature

☐ (check here if this is an update) The following individual is replacing the Secretary of the Board Signature Authority

First Name	Middle Name	Last Name	Signature

Assurances

The authorized representative assures the Department of Elementary and Secondary Education that through the administration of the User Manager System the district shall:

1. Monitor User IDs provided, as they will serve as the "electronic signature" of the appropriate district staff for all documents requiring signatures.
2. Keep such records and provide such information as may be necessary for the fiscal program auditing and for program evaluation; provide the Department of Elementary and Secondary Education any information it may need to carry out its responsibilities under the programs.
3. Adhere to the requirements of the applicable state and federal statutes and regulations, the state rules governing the programs, and all other applicable statutes.

The superintendent understands the assurances and the responsibility for compliance placed upon the individual receiving a User ID and password through the User Manager System.

Superintendent Signature

Date